

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14633

FILED MAY 2 1953

State File No. 169

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence c. LENGTH OF STAY (If applicable place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San. & Hosp.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence d. STREET ADDRESS (If rural, give location) 525 N. Pleasant	
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3. NAME OF DECEASED (Type or Print) MR. EDWARD JOHN SCHULENBERG		4. DATE OF DEATH (Month) (Day) (Year) April 20, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 16, 1890
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Tire Business
11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Frederick Schulenberg	13b. MOTHER'S MAIDEN NAME Katherine Albright	14. NAME OF HUSBAND OR WIFE Nrs Grace Schulenberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward F. Schulenberg
		ADDRESS Emporia Kan

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Amputation left leg above the knee DUE TO (c) Angioma of left foot & ankle II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pericarditis, Anemia, Abnormal Card. changes, etc.		INTERVAL BETWEEN ONSET AND DEATH 6 hours 4 days 10 days 15 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Angioma of left foot & ankle - from Thrombosis of blood vessels	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 454X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 11, 1937, to April 20, 1953 that I last saw the deceased alive on April 20, 1953 and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. Hallen M.D.	23b. ADDRESS Independence, Mo.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 22, 1953
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) K.C.MO.

DATE REC'D BY LOCAL REG. 4-22-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Otto Mitchell	ADDRESS Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1956

JAN 16 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Henry S. Mitchell

Licensed Embalmer No. 3825

P. O. Address

Quincy, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.